U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13716	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Greg Sayles	Name Plumbers & Pipefitters Local 11			
	Labor Organization File Number 029-887			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1324 North 22nd Street	Street 4402 Airpark Boulevard			
City Superior	City Duluth			
State Wisconsin ZIP Code + 4 54880	State Minnesota ZIP Code + 4 [55811-5712]			
5. Position in labor organization.  Local 11 Business Manager /MN Pipetrades Association Sec/Treasurer				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.5. Amount.			
City	- Marie de la compa de las maries de la marie de la compansión de la compansión de la marie de la compansión de			
State ZIP Coce + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Ancyay & July	On 8/15/05 (715) 392-3571  Date Telephone Number			

Name of Person Filling Greg Sayles	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Joint Apprenticeship Cmte of Local 11 & 589  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 4402 Airpark Boulevard  City Duluth  State Minnesota ZIP Code + 4 55811-5712  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  Local 11 above jointly sponsors the listed in #8 above.	ne Trust Fund	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  I received reimbursement or had excise, hotel, travel expenses, and conference for the Apprenticeship #8 above.	meals) at a	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	7,20	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing Greg Sayles	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organication.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name W. Lake Superior Piping Industry Pension  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 314 W. Superior Street, Suite 750  City Duluth  State Minnesota ZIP Code +4 55802  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
	12.b. Amount.	359
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mones.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name		,
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
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## ATTACHMENT TO GREY SAYLES LM-30

In response to Question No. 4, Mr. Sayles holds an office both with Plumbers and Pipefitters Local 11 and the Minnesota Pipe Trades Association. Sayles is the business manager for Local 11 and Secretary/Treasurer of the Minnesota Pipe Trades Association. The file number and address of the Minnesota Pipe Trades Association are as follows:

Labor Organization File No.: 537-334 Street Address: 4402 Airpark Boulevard

City: Duluth
State: Minnesota
Zip Code + 4: 55511-5712